Please go to the reverse of this form and provide the requested information.

	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY					INSTRUCTIONS: If you received a preprinted			
Ì	INSTALLA- TION'S EPA I.D. NO-	.00	MA	(19 1986		label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-			aw a line ormation
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IX. DESCRIPTION OF HAZARDOUS W									
A, HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.									
B. HAZARDOUS WASTES FROM SPECIFIC Specific industrial sources your installation h	9 10 10 23 - 26 SOURCES. Enter the four—digit number from	31	6 12 12 12 25 sted hazardous waste from						
13 14 23 - 26 19 20 23 - 26 25 26 22 - 26	23 - 26 21 23 - 26 21 23 - 26 22 23 - 26 25 - 26 27 28 28 29 20 21 23 - 26 23 - 26 23 - 26 24 25 - 26 27 - 28 28 - 28 28 - 28 28 - 28 29 - 28 20 - 28 21 - 28 22 - 28 23 - 26 24 - 26 25 - 26 27 - 26 28 - 26 28 - 26 29 - 28 - 28 20	23 23 - 25 29 23 - 26	1 B 23 - 26 24 30 23 - 26						
C. COMMERCIAL CHEMICAL PRODUCT HA stance your installation handles which may be	XZARDOUS WASTES. Enter the four—digit nube a hazardous waste. Use additional sheets if n		3 for each chemical sub-						
31 23 - 26 37 38 23 - 26 43 44 23 - 26 43 23 - 26 23 - 26 23 - 26	33 34 23 - 26 39 40 23 - 26 45 45 46	23 - 26	23 - 26 42 23 - 26 48 23 - 26						
D. LISTED INFECTIOUS WASTES. Enter the hospitals, medical and research laboratories y	four—digit number from 40 CFR Part 261.34 f your installation handles. Use additional sheets		from hospitals, veterinary						
23 - 28 23 - 26	51 52	53	54						
E. CHARACTERISTICS OF NON-LISTED HA hazardous wastes your installation handles. ((See 40 CFR Parts 261.21 261.24.)	REACTIVE	istics of non-listed						
X. CERTIFICATION									
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.									
GNATURE Colm	PURCHASING	oe or print) M G R	S/14/8(

EPA Form 8700-12 (6-89) REVERSE